

# 1 in 4 Women: Lack of Access to Paid Family Leave Is a Public Health Crisis

Because the U.S. lacks a national paid family leave policy, one in four mothers are forced to return to work less than 10 days after giving birth. This troubling statistic, which disproportionately impacts women of color and low-income families, directly contributes to poor infant and maternal health outcomes, for which the U.S. ranks at the bottom compared to other similar industrialized nations. This is an urgent public health crisis that must be addressed by our nation's leaders.

**1 in 4** New moms return to work within 10 days of giving birth.

**The Problem:** 1 in 4 new moms return to work within 2 weeks of giving birth -- a staggering statistic that impacts infant and maternal health outcomes, child development and the overall economic health of families and communities.

Despite the fact that all infants need care during their first critical months of life, paid family leave is an elite benefit in the U.S. Ninety-four percent of low-income working people have no access to paid family leave.

The high percentage of families without access to paid family leave has a direct impact on public health and the well-being of families. The U.S. is the largest economy in the world and is a leader in medical research, and **yet has the highest infant mortality rates among OECD countries and the worst maternal mortality rates of any wealthy country in the world.**

The lack of paid leave has serious implications for health equity – the infant mortality rate of African American infants in the U.S. is already 2.4 times higher than that of white infants, and the maternal

mortality rate of African American mothers is three to four times higher than white mothers, even when accounting for income, geographic and education inequities.

While the Family and Medical Leave Act (FMLA) provides some working Americans up to 12 weeks of job-protected leave, FMLA is *unpaid* and millions are not covered by FMLA protections. Without access to paid leave, many families are forced to choose between the paycheck they need and providing critical care to loved ones when they need it most. Even with 12 weeks of FMLA job protection, most families return to work by the time an infant is 12 weeks old – a point at which infants are still in the peak risk period for SIDS (Sudden Infant Death Syndrome).

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## The Solution: An accessible, comprehensive national paid family leave policy that leads to improved health outcomes for children and women.

Research shows that the impact of paid leave extends far beyond the workplace to critical health outcomes for babies and their parents. Economist Dr. Christopher Ruhm found that **10 additional weeks of paid leave could reduce infant mortality by as much as 10 percent.**

There is strong evidence that paid family leave can reduce infant death and illness, increase the likelihood that babies get their pediatric check-ups and immunizations, and lower mothers' risk of health complications after childbirth.

Data from the past decade of statewide paid family leave in California reveal that **paid family leave doubled the median duration of breastfeeding** for all new mothers who used it. According to the Centers for Disease Control & Prevention "babies who are breastfed have reduced risks of ear and respiratory infections, asthma, SIDS, diabetes, and obesity," yet just 22 percent of infants are breastfed for a long as physicians advise.

Other studies also show higher education, IQ, and income levels in adulthood for children whose mothers took parental leave, with the biggest effect found in children whose mothers received less than 10 years of education. Paid family leave has also been shown to increase well-baby doctor visits and vaccinations, because parents are able to take children to the doctor more regularly.

**More than half of maternal deaths happen after the baby is born.** Women who take longer parental leaves report an overall improvement in mental health, fewer postpartum depressive symptoms, and a reduction in severe depression. Access to paid family leave enables women to address their own health, especially during the critical postpartum period during which maternal health crises can go undetected.

Enabling parents to spend time nurturing and caring for their children is critical to the healthy cognitive, social and emotional development of children.

### Why Inclusive Policy is Key to Addressing this Public Health Crisis:

Paid family leave can help improve health outcomes for children and women – but only if leaders champion policy that's **adequate, accessible and equal.**

Currently, the families that would benefit the most from access to paid family leave are the ones typically left behind by corporate and public policy proposals. Accessible and equal coverage for all requires smart policy that is inclusive of all working families (including part-time employees, self-employed and independent contractors), and ensures 100% wage replacement for low-income families.

Adequate paid family leave policy should reflect experts recommendation on parental leave: a minimum of 6 months of parental leave. The current "standard" of 12 weeks is an arbitrary calculation made on Capitol Hill over 25 years ago – not policy that reflects the medical and developmental needs of infants or families.



**It's Time:**  
Inaction on paid family leave poses serious and even grave consequences for the health of our families and our communities.

It's time for our leaders to address this public health crisis affecting women and children by supporting paid family leave policy that's adequate, accessible and equal for all. For more information about paid family leave, visit **PL+US: Paid Leave for the US** online at [paidleave.us](http://paidleave.us) or **1,000 Days** at [thousanddays.org](http://thousanddays.org).

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